



**CONTRACT AWARD SHEET
DEPARTMENT OF PROCUREMENT MANAGEMENT**

Bid No. **RFP559-1(U)**
Award Sheet

RFP Unit DIVISION

BID NO.: **RFP559-1(U)**

PREVIOUS BID NO.:

TITLE: **SELF-FUNDED MEDICAL PROGRAM**

CURRENT CONTRACT PERIOD: **01/01/2011** through **12/31/2011**

Total # of OTRs: **99**

MODIFICATION HISTORY

Bid No. **RFP559-1(U)**

Award Sheet

DPM Notes

APPLICABLE ORDINANCES

LIVING WAGE: **No**

UAP: **No**

IG: **No**

OTHER APPLICABLE ORDINANCES:

CONTRACT AWARD INFORMATION:

No Local Preference

No Micro Enterprise

No Full Federal Funding

No Performance Bond

No Small Business Enterprise (SBE)

No PTP Funds

No Partial Federal Funding

Yes Insurance

Miscellaneous:

REQUISITION NO.: **RQGS0700036**

PROCUREMENT AGENT: **CARBALLEIRA, MA**

PHONE: 305 375-5866

FAX: 305 375-5688

EMAIL: **MC5@MIAMIDADE.GOV**

DEPARTMENT OF PROCUREMENT MANAGEMENT

RFP Unit DIVISION

Page 1 of 3

VENDOR NAME: **AVMED INC**
 DBA:
 FEIN: **592742907** SUFFIX : **01** 33156
 STREET: **9400 SOUTH DADELAND BLVD** CITY: **MIAMI** ST: **FL** ZIP:
 FOB_TERMS: **DEST-P** DELIVERY:
 PAYMENT TERMS: **NET** TOLL PHONE: **800-432-6676**

VENDOR INFORMATION:

CERTIFIED VENDOR

ASSIGNED MEASURES

Local Vendor: **No**

SBE	No	Set Aside	No	Bid Pref.	No
Micro Ent.	No	Selection Factor	No	Goal	No
Other:					Vendor Record Verified? Yes

Vendor Contacts:

Name	Phone1	Phone2	Fax	Email Address
BLANCA HERNANDEZ	305-671-6170	800-432-6676	305-671-6103	FRANK.JANTZEN@AVMED.ORG

ITEMS AWARDED Section:

Details: **RFP559-1(U)**

This is the first of an unlimited number of Options to Renew. See original contract for details.

<u>Item #</u>	<u>Description</u>	<u>Qty</u>	<u>Unit Price</u>
---------------	--------------------	------------	-------------------

End of ITEMS AWARDED Section

AWARD INFORMATION Section

BCC Award: **Yes** DPM Award: **No**
 BCC Date: DPM Date: **11/18/2010**

Contract Amount: \$ **14,000,000.00**

Additional Items Allowed:

Agenda Item No.: **801A**

Special Conditions:

Adopted by the BCC on 7/10/2007

BPO INFORMATION Section:

BPO ID : **ABCW1100216**

----- **Commodities Info** -----

----- **Department Info** -----

<u>Code</u>	<u>Description</u>	<u>Department Id</u>	<u>Dollar Allocations</u>
948-42	HEALTH CARE MANAGEMENT SERVICES	GS*****	\$14,000,000.00

End of BPO Information Section